

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES 1 70	
2. AMENDMENT/MODIFICATION NO. 0001		3. EFFECTIVE DATE 10-Oct-2002		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO.(If applicable)	
6. ISSUED BY NAVAL MEDICAL LOGISTICS COMMAND 1681 NELSON STREET FORT DETRICK MD 21702-9203		CODE N62645		7. ADMINISTERED BY (If other than item 6) See Item 6		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)				X		9A. AMENDMENT OF SOLICITATION NO. N62645-02-R-0016	
				X		9B. DATED (SEE ITEM 11) 23-Sep-2002	
						10A. MOD. OF CONTRACT/ORDER NO.	
						10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The start date of this requirement is changed from 1 May 2003 to 1 October 2003. Quantities are revised as appropriate as well as Attachment 033, Electronic Section B and Supplemental Pricing Worksheet. Also, contractor questions received to date are addressed. As a result of these issues, delete CLINs 0001AB, 0001AC, 0001AD, 0002AE and 0005AB; add CLIN 0008AB, RN Case Manager (Attachment 021) and 0009AE, RNs at TPC Northwest (Attachment 013); and revise Attachments 001, 004, 006, 007, 008, 009, 010, 020, and 026 The closing date remains unchanged. Diskettes 1 and 2 are due by 3:00PM EDT on 7 October 2002 and diskettes 3, 4, 5, and 6 are due by 3:00PM EST on 7 November, 2002.							
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)				BY (Signature of Contracting Officer)		10-Oct-2002	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

Changes in Section B

CLIN 0001

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0001AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003

The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004

The pricing detail quantity has increased from 1,028.00 by 5,020.00 to 6,048.00

SUB-CLIN 0001AE

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003

The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004

The pricing detail quantity has increased from 685.00 by 3,347.00 to 4,032.00

CLIN 0002

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0002AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003

The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004

The pricing detail quantity has increased from 1,785.00 by 3,255.00 to 5,040.00

SUB-CLIN 0002AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003

The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004

The pricing detail quantity has increased from 1,785.00 by 3,255.00 to 5,040.00

SUB-CLIN 0002AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003

The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004

The pricing detail quantity has increased from 1,395.00 by 6,957.00 to 8,352.00

SUB-CLIN 0002AD

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 3,138.00 by 15,654.00 to 18,792.00

CLIN 0003

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0003AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 1,142.00 by 4,906.00 to 6,048.00

SUB-CLIN 0003AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 714.00 by 1,302.00 to 2,016.00

SUB-CLIN 0003AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 1,142.00 by 2,890.00 to 4,032.00

CLIN 0004

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0004AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 1,371.00 by 6,693.00 to 8,064.00

SUB-CLIN 0004AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 343.00 by 1,673.00 to 2,016.00

SUB-CLIN 0004AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 343.00 by 1,673.00 to 2,016.00

CLIN 0005

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0005AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 685.00 by 3,347.00 to 4,032.00

SUB-CLIN 0005AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 685.00 by 3,347.00 to 4,032.00

SUB-CLIN 0005AD

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 1,371.00 by 4,677.00 to 6,048.00

CLIN 0006

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0006AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 343.00 by 1,673.00 to 2,016.00

SUB-CLIN 0006AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 2,456.00 by 7,624.00 to 10,080.00

SUB-CLIN 0006AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 343.00 by 1,673.00 to 2,016.00

SUB-CLIN 0006AD

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 1,371.00 by 6,693.00 to 8,064.00

CLIN 0007

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0007AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 3,103.00 by 29.00 to 3,132.00

CLIN 0008

The CLIN description has changed from Health Educator Services Minimum Quantities to RN Services Minimum Quantities
 The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0008AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 3,915.00 by 261.00 to 4,176.00

SUB-CLIN 0008AB was added.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0008AB	RN Case Manager at NMCP FFP - (See Attachment 021)	2,088.00	Hours		

 NET AMT

CLIN 0009

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0009AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 5,561.00 by 7,679.00 to 13,240.00

SUB-CLIN 0009AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 4,063.00 by 5,611.00 to 9,674.00

SUB-CLIN 0009AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 3,519.00 by 4,859.00 to 8,378.00

SUB-CLIN 0009AD

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
 The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
 The pricing detail quantity has increased from 4,715.00 by 6,511.00 to 11,226.00

SUB-CLIN 0009AE was added.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0009AE	RN at TPC Northwest FFP - (See Attachment 013)	2,142.00	Hours		

 NET AMT

CLIN 0010

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0010AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 2,956.00 by 4,082.00 to 7,038.00

SUB-CLIN 0010AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 7,622.00 by 10,526.00 to 18,148.00

SUB-CLIN 0010AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 2,315.00 by 3,197.00 to 5,512.00

SUB-CLIN 0010AD

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 9,163.00 by 12,653.00 to 21,816.00

CLIN 0011

The CLIN extended description has changed from Period of Performance 1 May 2003 through 30 September 2003 to Period of Performance 1 Oct 2003 through 30 September 2004

SUB-CLIN 0011AA

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 16,136.00 by 22,282.00 to 38,418.00

SUB-CLIN 0011AB

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 9,627.00 by 13,295.00 to 22,922.00

SUB-CLIN 0011AC

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 6,641.00 by 9,171.00 to 15,812.00

SUB-CLIN 0011AD

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 12,305.00 by 16,993.00 to 29,298.00

SUB-CLIN 0011AE

The period of performance start date has changed from 01-May-2003 to 01-Oct-2003
The period of performance end date has changed from 30-Sep-2003 to 30-Sep-2004
The pricing detail quantity has increased from 4,036.00 by 266.00 to 4,302.00

SUB-CLIN 0012AA

The period of performance start date has been deleted.
The period of performance end date has been deleted.

SUB-CLIN 0012AB

The period of performance start date has been deleted.
The period of performance end date has been deleted.

SUB-CLIN 0012AC

The period of performance start date has been deleted.
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SUB-CLIN 0012AD

The period of performance start date has been deleted.
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SUB-CLIN 0012AE

The period of performance start date has been deleted.
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SUB-CLIN 0013AA

The period of performance start date has been deleted.

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SUB-CLIN 0013AB

The period of performance start date has been deleted.
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SUB-CLIN 0013AC

The period of performance start date has been deleted.
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SUB-CLIN 0013AD

The period of performance start date has been deleted.
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SUB-CLIN 0013AE

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SUB-CLIN 0014AA

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SUB-CLIN 0014AB

The period of performance start date has been deleted.
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SUB-CLIN 0014AC

The period of performance start date has been deleted.
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SUB-CLIN 0014AD

The period of performance start date has been deleted.
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SUB-CLIN 0014AE

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CLIN 0015

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CLIN 0016

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CLIN 0017

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CLIN 0018

The period of performance start date has been deleted.
The period of performance end date has been deleted.

CLIN 0001AB was deleted.

CLIN 0001AC was deleted.

CLIN 0001AD was deleted.

CLIN 0002AE was deleted.

CLIN 0005AB was deleted.

Changes in Section SF 30

Questions and Responses

1. Please clarify contractor responsibility to maintain HCW qualifications as addressed in (Page 165) Section 8. Performance Requirements for Surveillance and referenced H.7. If the contractor is responsible for maintaining qualification or credentialing files, are these files to also contain complete orientation/training documentation for each HCW in accordance with JCAHO and other such standards?

Answer: The Contractor is not responsible for maintaining complete orientation/training documentation for each HCW.

2. Question: Section 52.211-11 (Page 43): Do liquidated damages apply to the Health Educator?

Answer: Liquidated damages apply to all positions under the contract.

3. Question: (Page 109) Attachment 013 - RN's for Primary Care: What is the purpose for requiring RN's to report 15 minutes early to work when assigned to TPC Oceana and will this create overtime?

Answer: The Government determined the requirement to report 15 minutes early and will not create overtime.

4. Question: Does Attachment 005 (Page 75) apply to RN's in both the ER and Urgent Care Clinic.

Answer: Attachment 005 (Page 75) entitled "REGISTERED NURSE Emergency Department" applies to RN's in the ER. Emergent and Urgent Care RN SOW is Attachment 019 (CLIN 0002AC).

5. Question: What are the orientation requirements and contractor's orientation/training requirements for Medical Assistants working in the NICU and/or related areas (Attachment 016-Page 125)?

Answer: Orientation/training requirements are listed within each Attachment.

6. Question: What are the orientation requirements and contractor's orientation/training requirements for the RN Health Educator (Attachment 017-Page 128)?

Answer: See response to question #5.

7. Question: Orientation is addressed in multiple locations throughout the RFP. The following list shows orientation responsibility by SLIN. With exception to SLIN 0007AA and 0008AA, is this correct?

<u>SLIN</u>	<u>NAVY PROVIDED</u>	<u>BILLABLE HOURS</u>	<u>NB HOURS</u>
0001AA/AB	Yes-during reg. schedule	NA	NA
0001AC	Yes-during reg. schedule	NA	NA
0001AD	Yes-during reg. schedule	NA	NA
0001AE	Yes-during reg. schedule	NA	NA
0002AA/AB	Yes-during reg. schedule	NA	NA
0003AA-AC	Yes-during reg. schedule	NA	NA

0004AA-AC	Yes-during reg. schedule	NA	NA
0005AA-AC	Yes-during reg. schedule	NA	NA
0006AA-AD	Yes-during reg. schedule	NA	NA
0007AA	Pending Clarification	Pending Clarification	Pending Clarification
0008AA	Pending Clarification	Pending Clarification	Pending Clarification
0009AA-AD	Yes-outside reg. schedule	48	32
0010AA-AD	Yes-outside reg. schedule	48	32
0011AA-AD	Yes-outside reg. schedule	48	35

Answer: Billable hours for 0009AA-AD, 0010AA-AD, and 0011AA-AD should be 40 vice 48. Non-billable hours for 0009AA-AD and 0010AA-AD are 32 hours plus 8 hours for any additional rotation to another "primary care site". Non-billable hours for 0011AA-AD are 35 hours plus 8 hours for any additional rotation to another "primary care site".

8. Question: Who are the incumbent Contractors?

Answer: The Chesapeake Center, Hunter Medical, Inc., Sterling Medical Assoc.

9. Question: The period of performance listed on N62645-02-D-0001 and 0002 (for Hunter Medical and Sterling Medical Associates) is 1 October 2002 through 30 September 2002. Are these incumbent companies and does this mean that the work will be shared with these companies during the first five months of the new contract? Our presumption is that this is to provide continuity of experienced service providers.

Answer: Attached task orders are for the incumbent services. With the change in period of performance provided in this amendment, there is no overlap of services.

10. Question: This question is to clarify how holiday and vacation hours are invoiced (for those personnel authorized to receive these benefits). Are these hours directly billed?

Answer: Yes.

11. Question: Is there a compensation contingency plan should an emergency require a HCW who does not receive holiday pay to work on a holiday? How frequently would this situation occur?

Answer: This is not a frequent occurrence and would be dealt with on a case-by-case basis.

12. Question: On page 128, Attachment 017, paragraph 3.3. This paragraph ends by stating "The health care worker shall be compensated by the contractor for these periods of planned absence." None of the previous attachments stating that services are not required on holidays makes this statement. Is there significance to this statement or particular labor category?

Answer: No.

13. Question: On page 31, paragraph C.3.4.2. Please define "coverage positions."

Answer: See Section C.4.3.

Changes in Section J

SECTION J – ATTACHMENTS

<u>ATTACH</u>	<u>POSITION TITLE/LOCATION</u>
001	Registered Nurse - Ambulatory/Same Day Surgery
002	Reserved
003	Reserved
004	Licensed Practical/Vocational Nurse - Pain Clinic
005	Registered Nurse - Emergency Department
006	Registered Nurse - Psychiatry
007	Registered Nurse - Breast Clinic
008	Registered Nurse - Pediatric, Adult Medical and Family Care Service Lines, and Vascular Surgery Clinics
009	Registered Nurse - Orthopedic Outpatient Department
010	Licensed Practical/Vocational Nurse – Pediatric and Family Care Services Lines
011	Licensed Practice/Licensed Vocational Nurse - Obstetric Outpatient Clinic
012	Certified Nursing Assistant - Obstetric Outpatient Clinic
013	Registered Nurse - Primary Care
014	Licensed Practical Nurse – Primary Care
015	Medical Assistant – Primary Care
016	Medical Assistant - NICU, Transitional/Observational Nursery, 4K, 4L, and the Pediatric Ward
017	Registered Nurse - Health Educator
018	Medical Assistant – Emergent and Urgent Care
019	Registered Nurse – Emergent and Urgent Care
020	Licensed Practical Nurse – Emergent and Urgent Care Clinic
021	RN Case Manager
022	Reserved
023	Reserved
024	Computer Skills Competency Form
025	Service Contract Act Wage Determinations
026	Contract Administration Plan (CAP)
027	Proof of U.S. Employment Eligibility
028	NAVMED P-117
029	Notional Task Order NTO 0001
030	Certificate of Availability
031	Electronic File Format; Offeror's Past Performance Information
032	Electronic File Format; Offeror's Management Plan.doc
033	Electronic File Format; Electronic Schedule B and Supplemental Pricing Worksheets

J-2 List of Exhibits

There are no exhibits for this contract.

Attachment 001

REGISTERED NURSE
Ambulatory/Same Day Surgery

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Ambulatory/Same Day Surgery Unit located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The contractor shall provide health care workers to the Ambulatory/Same Day Surgery Unit, Monday through Saturday, from 0500-2300 for 8.5 or 10.5 hour shifts. Shifts include an uncompensated .5 hour meal break.

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director for Nursing Affairs or his/her relief. The health care workers shall:

8.1. Provide professional nursing care to patients within assigned unit/clinic.

8.2. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interview patients to obtain history.

8.3. Formulate a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.

8.4. Implement care in a knowledgeable, skillful, consistent, and continuous manner.

8.5. Establish priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.

8.6. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.

8.7. Demonstrate competency in medication and intravenous (IV) administration to include blood products.

8.8. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.

8.9. Perform documentation (manually and/or by use of computer) duties on unit and in patient record which are timely, accurate, and concise.

8.10. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

- 8.11. Function with an awareness and application of safety issues as identified within the institution.
- 8.12. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintain an awareness of responsibility and accountability for own professional practice.
- 8.15. Participate actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seek validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrate awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participate in development and attainment of unit and Directorate goals.
- 8.20. Participate in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrate effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulate and use effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practice effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remain flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures of Directorate.
- 8.26. Perform other duties within the scope of Registered Nurse practice as requested.
- 8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.28. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (OSHA) required classes. These courses will be provided at Government expense.
- 8.29. Successfully complete the unit specific competency skills checklist within the first 20 shifts.
- 8.30. Demonstrate competency in providing nursing care for conscious sedation patients of all ages with medical and/or surgical problems as applicable in the ambulatory setting.
- 8.31. Demonstrate continual assessment of patients for potential of life threatening crisis during these procedures.

8.32. Demonstrate competency as recovery nurse for surgical procedures performed in the ambulatory procedure department.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this task order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the CGFNS (Commissioner of Graduates of Foreign Nursing Schools Exam or National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one year full-time experience (40 hours per week) within the last two years working in an ambulatory/same day surgery unit.

9.4. Successfully complete a preceptorship with a NITT nurse.

9.5. Have current certification in Advance Life Support (ALS) and Pediatric Advanced Life Support (PALS).

9.6. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 004

LICENSED PRACTICAL/VOCATIONAL NURSE
Pain Clinic

1. **LABOR CATEGORY.** The contractor shall provide Licensed Practical/Vocational Nurse (LPN/LVN) services.
2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Pain Clinic located at the Naval Medical Center, Portsmouth (NMCP).
3. **DUTY HOURS.**
 - 3.1. The contractor shall provide health care workers to the Pain Clinic, Monday through Saturday, from 0700-1900 for 8.5 or 10.5 hour shifts. Shifts include an uncompensated .5 hour meal break.
 - 3.2. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.
 - 3.3. Shift Schedules: For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.
4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.
5. **CREDENTIALLING.** See Section C.7. of the basic contract.
6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.
7. **ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.**
 - 7.1. **ORIENTATION – Command, Clinical and Unit**
 - 7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, the Government may waive orientations if the health care worker is currently or has previously worked at NMCP.
 - 7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, the Government

may waive orientations if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Render nursing care to patients within assigned unit of the hospital.

8.2. Answer call lights and assist patients as required.

8.3. Obtain and document patient and pertinent family history.

8.4. Formulate, document, and implement a nursing care plan for assigned patients and review and update them as required in concert with the RN.

8.5. Ensure accurate medications are administered in correct form and dosage to the proper patient as directed by the physician.

8.6. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

8.7. Document patient's response to medications and treatments.

8.8. Check medication and drug stock to ensure adequate supply and reorder if necessary.

8.9. Check IVs to ensure they are on schedule, running at correct rate of speed and regulate if necessary.

8.10. Perform routine nursing care activities to include taking blood pressures, temperatures, changing of linen, ambulating patients, urine testing, and otherwise assist in the care of the physical needs of the patient.

8.11. Make rounds and monitor and check for changes in patient's conditions; report adverse symptoms or reactions to the RN in charge.

8.12. Record food and fluid intake and output.

- 8.13. Administer treatments, irrigations, enemas, catheters and suction; change dressings, apply compresses, and transport patients to other areas of the facility to include Radiology, various clinics, physical therapy, and others as ordered by the physician.
- 8.14. Assist with charting of nursing observations, treatments, and procedures; and transcribe orders when requested.
- 8.15. Set up for procedures and assist physicians with treatments, dressings, and physical exams as requested.
- 8.16. Perform preoperative procedures for surgery, and fill out preoperative checklist.
- 8.17. Collect specimens as directed, label, and send to laboratory.
- 8.18. Operate basic equipment required in the delivery of patient care such as IV pumps, oxygen administration apparatus, incentive spirometer, EKG machines, suction apparatus, and other pumps used in the delivery of medications.
- 8.19. Assist patients in admission, transfer, and discharge procedures.
- 8.20. Assist in emergency procedures such as CPR.
- 8.21. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.22. Maintain an orderly, safe environment of care for patients and personnel.
- 8.23. Successfully complete the NMCP medication administration test and all Learning Resource Guides.
- 8.24. Successfully complete the NMCP inservices for IV therapy.
- 8.25. Attends meetings, inservice training and other educational programs as required annually.
- 8.26. Participates in facility-wide and clinic specific Performance Improvement Plans.
- 8.27. Observe patients and report pertinent data on condition and medication or treatments.
- 8.28. Prepare equipment and assist physicians with treatment procedures.
- 8.29. Take vital signs, monitor and check for changes in patients' conditions.
- 8.30. Assist the professional nurse and/or physician with individual, group, and family health instruction in relation to the patient's condition and his/her ability for self-care. Assist in the dissemination of appropriate literature dealing with subjects related to the particular health problems involved. Assist in providing physical and psychological support to patients, assist in the explanation of procedures and treatment, and promotes cooperation among staff, patients and families.
- 8.31. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.
- 8.32. Assist the physician in a variety of diagnostic examinations such as lumbar punctures by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.
- 8.33. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

8.34. Perform a range of treatment procedures that include sterile dressing changes, applying compresses, monitoring IV fluids, inserting catheters and suction, inserting nasogastric tubes, administering medications, giving enemas, setting up and giving treatment that requires auxiliary equipment such as oxygen and suction. Ambulate patients to other areas to include Radiology, various clinics, and physical therapy.

8.35. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

8.36. Execute physician's orders within the guidelines of standard nursing practice. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

8.37. Recognize conditions, which require isolation and ensure universal precautions are used in all patient encounters.

8.38. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

8.39. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

8.40. Ensure maintenance and resupply of pharmaceuticals in the clinic.

8.41. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform supervisor of discrepancies.

8.42. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

8.43. Receive certification in medication administration in accordance with NMCP service policy within 30 days of commencement of services under contract.

9. MINIMUM PERSONNEL QUALIFICATIONS. LPNs providing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one years' full-time experience (40 hours per week) within the last two years as a LPN/LVN and six months current experience working in the area for which applying.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 006

REGISTERED NURSE
Psychiatry In-Patient

1. **LABOR CATEGORY.** The contractor shall provide Registered Nurse services.

2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Psychiatry In-Patient Ward located at the Naval Medical Center Portsmouth (NMCP).

3. **DUTY HOURS.**

3.1. Naval Medical Center Portsmouth operates 24 hours a day, 365 days per year. Shift length varies with 8 and 12 hour shifts. Eight-hour shifts allow a 30 minute meal break while 12-hour shifts allow a 45 minute meal break. The health care worker shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a Registered Nurse in any setting immediately prior to reporting for the shift.

	Day Shifts	# of HCW	Evening Shifts	# of HCW	Night Shifts	# of HCW
WEEKDAYS (MON – FRI)	8 HR 0645-1515	Provided to Contractor with shift schedule (Para 3.4.)	8 HR 1445-2315	Provided to Contractor with shift schedule (Para 3.4.)	8 HR 2245-0715	Provided to Contractor with shift schedule (Para 3.4.)
WEEKENDS (SAT & SUN)	12 HR 0645-1930	Provided to Contractor with shift schedule (Para 3.4.)			12 HR 1845-0730	Provided to Contractor with shift schedule (Para 3.4.)

3.2. The following is a list of Federal holidays observed by this installation: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The number of nurses required on holidays is the same as the number of nurses required on the weekends.

3.3. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Provides professional nursing care to patients within assigned unit/clinic.

8.2. Performs assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.

- 8.3. Formulates a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.
- 8.4. Implements care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.5. Establishes priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.6. Evaluates effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrates competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).
- 8.8. Identifies patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Performs documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.
- 8.10. Demonstrates awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Functions with an awareness and application of safety issues as identified within the institution.
- 8.12. Performs efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrates sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintains an awareness of responsibility and accountability for own professional practice.
- 8.15. Participates actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrates self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seeks validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrates awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participates in development and attainment of unit and Nursing Directorate goals.
- 8.20. Participates in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrates effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulates and uses effective working relationships with all health care team members, patients, and significant others.

8.24. Practices effective problem identification and resolution skills as a method of sound decision making.

8.26. Remains flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures of Directorate of Nursing.

8.27. Performs other duties within the scope of Registered Nurse practice as requested.

8.28. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.

8.29. ADDITIONAL DUTIES/RESPONSIBILITIES:

8.29.1. Applies in-depth knowledge of nursing theory and principles relative to the care of patients with complex psychiatric conditions, to include milieu therapy, group dynamics, use of psychotropic medications and crisis intervention.

8.29.2. Demonstrates a sound understanding and manages a therapeutic milieu; providing structure, social support, patient education, safety, and social skills training.

8.29.3. Participates in discharge planning utilizing available resources, to include rehabilitation as appropriate.

8.29.4. Assesses and intervenes in clinical situations (including suicidal, homicidal, or elopement behavior) that may require physical and/or pharmacological restraints to maintain a safe and therapeutic environment.

8.29.5. Follows Command and unit specific policies for Seclusion/Restraint, Elopement, ECT, and Management of the Assaultive Patient.

8.29.6. Obtains 12 lead EKGs, determines implications, and takes indicated actions:

8.29.7. Supervises, escorts, or acts as a therapeutic participant in patient activities both on and off the unit.

8.29.8. Liaisons with patient's military command as needed, communicating inpatient needs and outpatient discharge plans.

8.29.9. Attend the 6-day Psychiatric Care course.

8.29.10. Successfully complete of all Command LRGs.

8.29.11. Successfully complete the Psychiatric Nursing Department Medication Test within 30 days of assignment.

8.29.12. Successfully complete the Psychiatric Nursing Department Clinical Knowledge Competency Assessment Examination within 30 days of assignment.

8.29.13. Successfully complete the Psychiatric Care Course within 14 weeks of assignment.

8.29.14. Successfully complete NMCP Nursing Service Skill Levels I - III and Psychiatric/ Mental Health Nursing Department Skill Levels I - III within 18 weeks of assignment.

8.29.15. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have one year of full-time experience (40 hours per week) in professional nursing practice within the last two years. Primary care experience and tertiary care facility experience are preferred.

9.4. Successfully complete a preceptorship with a NITT nurse.

9.5. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 007

REGISTERED NURSE
Breast Clinic

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Breast Clinic located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The health care worker shall provide services for the Breast Clinic 40 hours per week. The health care worker shall normally work for 8.5 or 10.5 hours, (to include an uncompensated .5 hour meal break), between the hours of 0700 –1900, Monday through Saturday.

3.2. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.3. Shift Schedules: Upon contract award, the Government will provide the contractor with the HCW's schedule. The Government reserves the right to change shift hours with 30 days notice.

4. ABSENCES AND LEAVE. The health care worker shall accrue leave as an individual.

4.1. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander. Six hours of paid annual leave are accrued by the health care worker at the end of every 80-hour period worked. However, annual leave accrual rates will be doubled for the first two 80 hour periods worked). No annual leave will accrue for the final two pay periods of a task order. The health care worker shall be compensated by the Government for these periods of authorized planned absence.

4.2. Unplanned absences due to illness or other incapacitation of the health care worker will be allowed up to a maximum of 13 days per year. Two hours of paid sick leave are accrued by the health care worker at the end of every 80 hours period worked. The health care worker shall follow the policy of the Commander regarding request and the use of sick leave. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commander to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine and/or re-examine any health care worker who meets this criterion. The health care worker shall be compensated by the government for these periods of authorized absence.

4.3. Any and all sick and annual leave accrued by the health care worker will be forfeited at the expiration of his or her period of performance. If the health care worker is terminated, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued annual leave must be used within that notice period or forfeited. Sick leave taken during this period shall be supported by a physician's statement of illness upon request.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. The health care workers shall:

8.1. Provide professional nursing care to patients within assigned unit/clinic.

8.2. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.

8.3. Formulate a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.

8.4. Implement care in a knowledgeable, skillful, consistent, and continuous manner.

8.5. Establish priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.

- 8.6. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrate competency in medication and intravenous (IV) administration to include blood products and Total Parental Nutrition (TPN).
- 8.8. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Perform documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.
- 8.10. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Function with an awareness and application of safety issues as identified within the institution.
- 8.12. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintain an awareness of responsibility and accountability for own professional practice.
- 8.15. Participate actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seek validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.18. Demonstrate awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participate in development and attainment of unit and Directorate goals.
- 8.20. Participate in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrate appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrate effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulate and use effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practice effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remain flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures.
- 8.26. Perform other duties within the scope of Registered Nurse practice as requested.

8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.

8.28. Maintain accurate records of patient education or direct hands on care, referrals, and follow-up calls.

8.29. Evaluate resource materials and maintains resource library of breast cancer materials appropriate for health care providers and patients.

8.30. Orient and educate staff on inpatient and outpatient units in relation to the Breast Cancer program and competency based skills necessary to care for breast cancer patients.

8.31. Participate in continuing education through seminars, workshops, conferences, and network with others in the field.

8.32. Be skilled in operating specialized medical equipment.

8.33. Document annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and Occupational Safety Health Act (OSHA) required classes. These courses will be provided at Government expense.

8.34. Successfully complete the clinic specific competency skills checklist within the first 20 shifts.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs performing service under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Commissioner of Graduates of Foreign Nursing Schools exam (CGFNS) or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one-year full-time (40 hours per week) experience within the last two years working with oncology patients and their families.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 008

REGISTERED NURSE
Pediatric, Adult Medical and Family Care Service Lines,
and Vascular Surgery Clinics

1. **LABOR CATEGORY.** The contractor shall provide Registered Nurse services.

2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Pediatric, Adult Medical Care Service Line, Family Care Service Line, and Vascular Surgery Clinics located at the Naval Medical Center, Portsmouth (NMCP).

3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the following clinics for shifts of 8.5 or 10.5 hours (to include an uncompensated .5 hour meal break).

Ambulatory Care Clinics	Variable (8/10 hr day shift) Monday-Friday 0700-1900	Variable (8/10 hr day shift) Monday-Sunday 0700-1900
Pediatrics		# of HCWs required provided to Contractor with schedule (para 3.5.)
Adult Medical Care Service Line (Internal Medicine and Subspecialties)	# of HCWs required provided to Contractor with schedule (para 3.5.)	
Family Care Service Line Clinics (Family Practice)	# of HCWs required provided to Contractor with schedule (para 3.5.)	
Surgical/Vascular	# of HCWs required provided to Contractor with schedule (para 3.5.)	

3.2. Uniforms shall comply with section IX of the NMCP Nursing Policy Manual. Scrubs: solid pants - tops can be solid or multi-colored.

3.3. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.4. Services are not normally required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. However, the health care worker can be subject to holiday rotations if the holiday is designated as a day "after hours clinic".

3.5. **Shift Schedules:** Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.5.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/ward charge nurse or Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

- 8.1. Provides professional nursing care to patients within assigned clinic.
- 8.2. Performs assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interviews patients to obtain history.
- 8.3. Implements care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.4. Establishes priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.5. Evaluates effectiveness of self-care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.6. Demonstrates competency in medication and intravenous (IV) administration to include blood products (Rhogram).
- 8.7. Identifies patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.8. Performs documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.
- 8.9. Demonstrates awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.10. Functions with an awareness and application of safety issues as identified within the institution.
- 8.11. Performs efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.12. Demonstrates sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.13. Maintains an awareness of responsibility and accountability for own professional practice.
- 8.14. Participates actively in staff development for clinic and Directorate personnel and evaluation of personnel.
- 8.15. Demonstrates self-directed learning and participation in continuing education to meet own professional growth.
- 8.16. Seeks validation of knowledge base, skill level, and decision making as necessary and assertively seeks guidance in areas of question.
- 8.17. Demonstrates awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.18. Participates in development and attainment of clinic and Nursing Directorate goals.
- 8.19. Participates in Command Process Improvement activities.
- 8.20. Demonstrates appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and clinic activities.
- 8.21. Demonstrates effective and professional communication methods, and skills, using lines of authority appropriately.

- 8.22. Formulates and uses effective working relationships with all health care team members, patients, and significant others.
- 8.23. Practices effective problem identification and resolution skills as a method of sound decision making.
- 8.24. Remains flexible in staffing patterns and resolution of staffing conflicts.
- 8.25. Performs other duties within the scope of Registered Nurse practice as requested.
- 8.26. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.27. Provides professional nursing care and related nursing services to eligible beneficiaries in an ambulatory care clinic setting.
- 8.28. Makes independent nursing practice decisions to plan, organize, develop, and implement methods of providing quality nursing care/nursing service in an ambulatory care setting.
- 8.29. Provides individual, group, and family/significant other counseling and health teaching in relation to the patient's condition and his/her ability for self-care. Provides for accessibility to various literature resources dealing with subjects related to specific patient health problems. Provides physical and psychological support to patients and significant others, explains procedures and treatments, and promotes cooperation among staff, patients, and significant others.
- 8.30. Maintains liaison with allied health care professionals and community referral services. Coordinates patient health care needs with appropriate referrals as indicated.
- 8.31. Maintains link with professional organizations and nursing standards relevant to ambulatory care. Implements nursing care in the ambulatory setting using these standards.
- 8.32. Liaisons with appropriate inpatient units as an advocate for continuity of care planning, follow-up, and outcome measurement.
- 8.33. Possesses age specific knowledge and competency appropriate to setting population.
- 8.34. Promotes health maintenance and preventive health initiatives in caring for patients in the ambulatory setting.
- 8.35. Collaborates in the planning, organizing, and directing of clinical operations to include providing technical supervision to paraprofessional nursing staff. Possesses knowledge of basic management theory as applicable to the ambulatory care setting.
- 8.36. Collaborates in the review and revision of clinic standing operating procedures.
- 8.37. If directed, performs phone triage based on accepted protocols and assists as needed in accessing appropriate ambulatory/emergency care for beneficiaries.
- 8.38. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (OSHA) required classes. These courses will be provided at Government expense.
- 8.39. Successfully complete the clinic specific competency skills checklist within the first 20 shifts.
- 8.40. Demonstrate competency in providing nursing care for conscious sedation patients of all ages with medical and/or surgical problems in the ambulatory setting as applicable.

8.41. Demonstrate continual assessment of patients for potential of life threatening crisis during these procedures as applicable.

8.42. Demonstrate competency as circulator or recovery nurse for surgical procedures performed in the ambulatory clinics as applicable.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs providing services under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Commissioner of Graduates of Foreign Nursing Schools exam or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one year full-time experience within the last two years working in the professional category (Pediatric, Internal Medicine, Family Practice or Surgery).

9.4. Have PALS certification and ALS certification as applicable to JCAHO competency requirements for ambulatory care settings.

9.5. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 3 years.

Attachment 009

REGISTERED NURSE
Orthopedic Outpatient Department

1. LABOR CATEGORY. The contractor shall provide Registered Nurse services.

2. PLACE OF PERFORMANCE. The health care workers shall provide services for the Orthopedic Clinic located at the Naval Medical Center, Portsmouth (NMCP).

3. DUTY HOURS.

3.1. The contractor shall provide health care workers to the Orthopedic Outpatient Clinic, Monday through Saturday, from 0700-1900 for 8.5 or 10.5 hour shifts. Shifts include an uncompensated .5 hour meal break.

3.2. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.3. Services are not required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

3.4. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.4.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. ABSENCES AND LEAVE. These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care, skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-

by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by the unit/clinic team leader or his/her relief as appropriate. Middle management is by the Associate Service Line Leader Nursing or his/her relief and executive management is by the Associate Director, Reparative Services or his/her relief. The health care workers shall:

- 8.1. Provide professional nursing care to patients within assigned unit/clinic.
- 8.2. Perform assessment/data collection in an ongoing and systematic manner, focusing on physiologic, psychologic, cognitive and social status. Interview patients to obtain history.
- 8.3. Formulate a goal directed plan of care which is prioritized and based on determined nursing diagnosis and patient outcomes.
- 8.4. Implement care in a knowledgeable, skillful, consistent, and continuous manner.
- 8.5. Establish priorities of patient care based on essential patient needs and available unit, command, and community resources including time, personnel, equipment, and supplies.
- 8.6. Evaluate effectiveness of self, care given by all health team members, and contribution of systems, environment, and instrumentation in progressing patient toward outcomes.
- 8.7. Demonstrate competency in medication and intravenous (IV) administration.
- 8.8. Identify patient/significant other learning needs and implement appropriate measures to meet identified needs.
- 8.9. Perform documentation (manually and/or by use of computer) duties on unit and in-patient record which are timely, accurate, and concise.

- 8.10. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.
- 8.11. Function with an awareness and application of safety issues as identified within the institution.
- 8.12. Perform efficiently in emergency patient situations following established protocols, remaining calm, informing appropriate persons, and documenting events.
- 8.13. Demonstrate sound knowledge base and actions in the care and decision making for designated patient populations.
- 8.14. Maintain an awareness of responsibility and accountability for own professional practice.
- 8.15. Participate actively in staff development for unit and Directorate personnel and evaluation of personnel.
- 8.16. Demonstrate self-directed learning and participation in continuing education to meet own professional growth.
- 8.17. Seek validation of knowledge base, skill level, and decision making as necessary and assertively seek guidance in areas of question.
- 8.18. Demonstrate awareness of legal and ethical issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.
- 8.19. Participate in development and attainment of unit and Reparative Directorate goals.
- 8.20. Participate in peer review and unit and Command Process Improvement activities.
- 8.21. Demonstrate appropriate delegation of tasks and duties in the direction and collaboration with health care team members, patient care, and unit activities.
- 8.22. Demonstrate effective and professional communication methods, and skills, using lines of authority appropriately.
- 8.23. Formulate and uses effective working relationships with all health care team members, patients, and significant others.
- 8.24. Practice effective problem identification and resolution skills as a method of sound decision making.
- 8.25. Remain flexible in staffing patterns and resolution of staffing conflicts; participates in temporary assignment measures of Reparative Directorate.
- 8.26. Perform other duties within the scope of Registered Nurse practice as requested.
- 8.27. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.28. ADDITIONAL DUTIES/RESPONSIBILITIES. RNs performing services under this task order shall:
 - 8.28.1. Be responsible for providing professional nursing care and related nursing services to eligible beneficiaries in an ambulatory care clinic setting.
 - 8.28.2. Make independent nursing practice decisions to plan, organize, develop, and implement methods of providing quality nursing care/nursing service in an ambulatory care setting.

8.28.3. Provide individual, group, and family/significant other counseling and health teaching in relation to the patient's condition and his/her ability for self-care. Provide for accessibility to various literature resources dealing with subjects related to specific patient health problems. Provide physical and psychological support to patients and significant others, explains procedures and treatments, and promotes cooperation among staff, patients, and significant others.

8.28.4. Maintain liaison with allied health care professionals and community referral services. Coordinate patient health care needs with appropriate referrals as indicated.

8.28.5. Maintain link with professional organizations and nursing standards relevant to ambulatory care. Implement nursing care in the ambulatory setting using these standards.

8.28.6. Liaison with appropriate inpatient units as an advocate for continuity of care planning, follow-up, and outcome measurement.

8.28.7. Possess age specific knowledge and competency appropriate to setting population.

8.28.8. Promote health maintenance and preventive health initiatives in caring for patients in the ambulatory setting.

8.28.9. Collaborate in the planning, organizing, and directing of clinical operations to include providing technical supervision to paraprofessional nursing staff. Possess knowledge of basic management theory as applicable to the ambulatory care setting.

8.28.10. Collaborate in the review and revision of clinic standing operating procedures.

8.28.11. Perform phone triage based on accepted protocols and assists as needed in accessing appropriate ambulatory/emergency care for beneficiaries.

8.29. Successfully complete the unit specific competency skills checklist within the first 20 shifts.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs performing service under this Task Order shall:

9.1. Have (a) a Baccalaureate Degree in Nursing and at least two years experience, or (b) a Diploma Graduate and at least three years experience, or (c) an Associate Degree and at least four years experience.

9.2. Be a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the (Commissioner of Graduates of Foreign Nursing Schools exam (CGFNS) or the National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one year full-time (40 hours per week) experience within the last two years working in professional category for which applying.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. The reference must have been written within the past 3 years.

Attachment 010

LICENSED PRACTICAL/VOCATIONAL NURSE
Pediatric and Family Care Service Lines

1. **LABOR CATEGORY.** The contractor shall provide Licensed Practical/Vocational Nurse (LPN/LVN) services.
2. **PLACE OF PERFORMANCE.** The health care workers shall provide services for the Pediatric and Family Care Services Lines located at the Naval Medical Center, Portsmouth (NMCP).
3. **DUTY HOURS.**

3.1. The contractor shall provide health care workers to the following clinics, 8.5 hour shifts (to include an uncompensated .5 hour meal break).

Ambulatory Care Clinics	0730-1600 (8 hr day shift) Monday-Friday	0730-1600 (8 hr day shift) Monday-Sunday
Pediatrics		# of HCWs required provided to Contractor with schedule (Para 3.5.)
Family Care Service Line Clinics (Family Practice)	# of HCWs required provided to Contractor with schedule (para 3.5.)	

3.2. Uniforms shall comply with section IX of the NMCP Nursing Policy Manual. Scrubs: solid pants - tops can be solid or multi-colored.

3.3. The Government reserves the right to change shift hours with 30 days written notice to the contractor.

3.4. Services are not normally required on Federal holidays: New Year's Day, Martin Luther King Jr's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. However, the health care worker can be subject to holiday rotations if the holiday is designated as a day for "after hours clinic".

3.5. Shift Schedules: Upon task order award, the Government will provide the Contractor with the scheduling template. For purposes of initial schedule submission, the Contractor may submit the first schedule for all personnel up to two weeks prior to commencement of services. All subsequent schedules shall be submitted to the COR six weeks in advance in accordance with NMCP scheduling policies. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis.

3.5.1. No more than three individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.

4. **ABSENCES AND LEAVE.** These positions do not accrue leave and are subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. **CREDENTIALLING.** See Section C.7. of the basic contract.

6. **GENERAL DUTIES AND RESPONSIBILITIES.** The health care workers shall perform in accordance with established principles, practices, and ethics of the nursing profession and written policies, procedures, and requirements of NMCP. The standards of performance for all health care workers shall reflect the degree of care,

skill, and learning expected of a reasonably prudent health care worker in the professional category to which he/she belongs.

7. ADMINISTRATIVE/TRAINING DUTIES AND RESPONSIBILITIES.

7.1. ORIENTATION – Command, Clinical and Unit

7.1.1. Command and Clinical Orientations at task order start. Each health care worker shall successfully complete Command and Clinical Orientations. Command and Clinical Orientations occurs over a four day period. Command Orientation consists of two 8-hour days which covers JCAHO Maintenance Classes, Radiation Safety, Infection Control, Back Safety, HIV Update, Bloodborne Pathogen Update, Identification Badges, Parking Decals, etc. Clinical Orientation consists of two 8-hour days which covers NMCP policies and procedures, IV certification (if applicable to position), an overview of the laboratory, x-ray, and pharmacy departments, etc. The Government will conduct the Command and Clinical Orientations and will take place during the week of task order start. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP.

7.1.2. Command and Clinical Orientations after task order start. Each health care worker who is employed by the contractor after the start date of the task order shall undergo Command and Clinical Orientations. NMCP will provide the Command and Clinical Orientations. Health care workers shall attend and complete orientations within 30 days following the commencement of their employment at NMCP. On a case-by-case basis, orientations may be waived by the Government if the health care worker is currently or has previously worked at NMCP. Orientations will take place during regularly scheduled shift coverage.

7.1.3. Unit Orientation. Unit orientation shall be completed on the job following task order start. The duration of Unit orientation varies with the specific clinical area to which the health care worker is assigned. It will include but is not limited to, the specific procedures/policies in the unit for which they will regularly work. Unit Orientation may be waived by the Government on a case-by-case basis if the health care worker is currently or has previously worked at NMCP.

7.1.4 Each health care worker who is employed by the contractor after the start date of the task order shall undergo Clinical, command, and Unit orientation. NMCP will provide the Clinical, Command, and Unit orientations. Health care workers shall attend and complete orientation within 30 days following the commencement of their employment at NMCP. Orientation will take place during regularly scheduled shift coverage.

7.2. The health care worker shall provide training and/or direction to and evaluation of supporting government employees assigned to them during the performance of clinical procedures. Such direction and interaction shall adhere to government and professional clinical standards and accepted clinical protocol. The health care worker shall participate in clinical staff performance improvement functions at the prerogative of the Commander. The health care worker may be assigned limited administrative duties as well as Performance Improvement (PI) assignments.

8. CLINICAL RESPONSIBILITIES. Health care workers providing services are subject to supervision by NMCP personnel. First line supervision is by Division Head or his/her relief as appropriate. Middle management is by the department head for the unit or his/her relief and executive management is by the Director of Nursing Services or his/her relief. The health care workers shall:

8.1. Render nursing care to patients within assigned clinic/unit.

8.2. Obtain and document patient and pertinent family history.

8.3. Ensure accurate medications are administered in correct form and dosage to the proper patient as directed by the physician.

- 8.4. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.
- 8.5. Document patient's response to medications and treatments.
- 8.6. Check medication and drug stock to ensure adequate supply and reorder if necessary.
- 8.7. Check IVs to ensure they are on schedule, running at correct rate of speed and regulate if necessary.
- 8.8. Make rounds and monitor and check for changes in patient's conditions; report adverse symptoms or reactions to the RN in charge.
- 8.9. Record food and fluid intake and output.
- 8.10. Administer treatments, irrigations, enemas, catheters and suction; change dressings, apply compresses, and transport patients to other areas of the facility to include Radiology, various clinics, physical therapy, and others as ordered by the physician.
- 8.11. Assist with charting of nursing observations, treatments, and procedures.
- 8.12. Set up for procedures and assist physicians with treatments, dressings, and physical exams as requested and clean up room after a procedure.
- 8.13. Collect specimens as directed, label, and send to laboratory.
- 8.14. Operate basic equipment required in the delivery of patient care such as IV pumps, oxygen administration apparatus, EKG machines & suction apparatus.
- 8.15. Assist patients in check-in and discharge instructions.
- 8.16. Assist in emergency procedures such as CPR.
- 8.17. Use appropriate infection control and safety techniques as required including but not limited to good hand washing, wearing of protective gear, and good body mechanics.
- 8.18. Maintain an orderly, safe environment of care for patients and personnel.
- 8.19. Successfully complete the NMCP medication administration test and Learning Resource Guide.
- 8.20. Successfully complete the NMCP inservices for IV therapy.
- 8.21. Attends meetings, inservice training and other educational programs as required annually.
- 8.22. Participates in facility-wide and clinic specific Performance Improvement Plans.
- 8.23. Observe patients and report pertinent data on condition and medication or treatments.
- 8.24. Take vital signs, monitor and check for changes in patients' conditions.
- 8.25. Assist the professional nurse and/or physician with individual, group, and family health instruction in relation to the patient's condition and his/her ability for self-care. Assist in the dissemination of appropriate literature dealing with subjects related to the particular health problems involved. Assist in providing physical and psychological support to patients, assist in the explanation of procedures and treatment, and promotes cooperation among staff, patients and families.

8.26. Check patients in for scheduled appointments.

8.27. Assist with stocking of patient examination rooms.

8.28. Act as a liaison between the Tricare booking agents, ensuring and/or scheduling appointments appropriately.

8.29. Provide documentation of annual attendance at Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) required classes and Occupational Safety Health Act (ASHA) required classes. These courses will be provided at Government expense.

8.30. Obtain certification in medication administration in accordance with NMCP service policy within 30 days of commencement of services.

9. MINIMUM PERSONNEL QUALIFICATIONS. LPNs providing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Have a current unrestricted license to practice as a licensed practical/vocational nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX). Foreign LPN graduates must have three years experience working in the United States in addition to all other requirements.

9.3. Have a minimum of one years' full-time experience (40 hours per week) within the last two years as a LPN/LVN.

9.4. Submit two letters of recommendation from two practicing physicians or nurse supervisors attesting to the health care worker's clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the past 2 years.

Attachment 020

LICENSED PRACTICAL NURSE
Emergent and Urgent Care

1. **LABOR CATEGORY.** The contractor shall provide Licensed Practical Nurse services.
2. **PLACE OF PERFORMANCE.** The health care worker shall provide services in the Emergent and Urgent Care to patients referred from the Emergency Department or clinics at the Naval Medical Center, Portsmouth, VA.
3. **DUTY HOURS.** The Urgent Care Center operates 365 days per year.
 - 3.1. Health care workers shall be on duty in the assigned clinical areas for up to 80 hours per two-week period. The health care workers shall normally provide 8 hours (to include an uncompensated .5 hour meal break) between the hours of 1700 and 0100 Monday through Friday and 0900-0100 hours Group A&B Holidays, Saturday and Sunday.

Note: Group A Holidays: Martin Luther King Jr's Birthday (third Monday in January), President's Day (third Monday in February), Columbus Day (second Monday in October) and Veteran's Day (eleventh day of November).

Group B Holidays: New Year's Day (first day in January), Memorial Day (last Monday in May), Independence Day (fourth day in July), Labor Day (first Monday in September), Thanksgiving Day (fourth Thursday in November), and Christmas Day (twenty-fifth day in December).
 - 3.2. In addition, health care workers shall be on duty in the assigned clinical areas for up to 80 hours per two-week period. The health care workers shall normally provide 8.5 hours (to include an uncompensated .5 hour meal break) Monday through Sunday between the hours of 0800 and 1630, and 1530 and 2400.
 - 3.3. Duty hours are exclusive of a meal break which shall be taken during a period when there is sufficient coverage by other health care workers. The time allotted for a meal break shall not be taken at the completion of a scheduled shift. At the mutual agreement of the contractor and the Commander, alternative work schedules may be instituted.
 - 3.4. The Government reserves the right to change clinic required staffing hours with 30 days written notice to the contractor.
 - 3.5. **SHIFT SCHEDULING.**
 - 3.5.1. Schedules for all personnel shall be submitted to the Contracting Officer's Representative (COR) four weeks in advance, on the first weekday (Monday through Friday) of the previous month. Any changes to the personnel schedule shall be submitted to the COR 72 hours in advance of the required change. The Government recognizes the unforeseen need for scheduling changes for events such as illness or injury. The required 72-hour advance notification for schedule changes may be waived by the Government for such occasions on a case-by-case basis. The contractor shall make all attempts to ensure that all shifts are staffed in accordance with the personnel schedule.
 - 3.5.2. No more than two individuals shall be permitted to provide services for each 2,080 hour increment (per year) identified by the Government. At the discretion of the Commander, this restriction may be waived on a case-by-case basis.
 - 3.5.3. All health care workers shall work a minimum of two shifts each pay period.
 - 3.6. **ORIENTATION/TRAINING.** Prior to commencement of services, each HCW shall participate in Command Orientation, Nursing Orientation, Triage Course and Department Orientation at NMCP. Orientation/training is approximately 2-3 weeks in duration and shall be scheduled in advanced at the mutual agreement between the HCW and the Government.

4. ABSENCES AND LEAVE. No leave shall accumulate under this task order and is subject to replacement coverage by the contractor during all scheduled and unscheduled absences.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES. Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Medical Center and clinic guidelines and reporting requirements. The health care workers shall perform a full range of LPN services, within the scope of this statement of work, on site, using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care.

7. ADMINISTRATIVE/TRAINING DUTIES AND REQUIREMENTS. The health care workers shall:

7.1. Provide training and/or direction as applicable to supporting government employees (i.e. hospital corpsmen, RNs, LPNs, students) assigned to them during the performance of clinical procedures.

7.2. Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

7.3. Participate in the implementation of the Family Advocacy Program as directed.

7.4. Perform necessary administrative duties which include maintaining statistical records of clinical workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participate in clinical staff Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

7.5. Participate in the provision of in-service training to staff members of the clinic and administrative staff on subjects germane to medical care and attend command approved Annual Training Requirements provided by NMCP: family advocacy, disaster training, infection control, sexual harassment and bloodborne pathogens.

7.6. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of regular working hours, the health care worker shall be required to read and initial the minutes of the meeting.

7.7. Attend Boards and Committees and participate in Continuing Education.

7.8. Maintain patient records in accordance with NMCP requirements.

7.9. Collect and record all examination data in proper format for review, approval and/or recommendation by physician.

7.10. Become thoroughly familiar with and apply procedures documented in the NMCP's Standard Operating Procedures (SOP).

7.11. Comply with all NAVOSH and OSHA standards and all applicable rules, regulations and instructions.

8. CLINICAL RESPONSIBILITIES. Routine workload is scheduled by the treatment facility and also as a result of emergency patients triaged in the ER. Patients with conditions deemed beyond the capabilities of the CHUCC shall be sent back to the ER. The contractor is responsible for a full range of LPN duties, delivery of treatment within the personnel and equipment capabilities of the treatment facility, provision of mandated medical surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided. The health care worker shall refer patients to staff specialists for consultation opinions and continuation of care and shall see the patients of other government staff health care providers who have been referred for consultation and treatment.

8.1. The scope of practice is based on a team approach. As an interdependent member of this health team, the health care worker shall provide important components of primary health care through direct nursing care, consultation, collaboration, and referral. Preventive health care, patient teaching and health advocacy are key components of practice. The health care worker shall:

8.1.1. Check patients into the clinic and triage using clinic guidelines. Inform the nurse, physician extender or physician of the patient's condition and potential problems.

8.1.2. Obtain and document patient and pertinent family history.

8.1.3. Perform a full range of diagnostic support duties which include taking vital signs, collecting specimens, obtaining, recording and tracking results of diagnostic tools.

8.1.4. Assist the physician in a variety of diagnostic examinations such as lumbar punctures, colposcopies and sigmoidoscopies, by preparing, positioning and monitoring patients, and setting out and handling instruments and equipment.

8.1.5. Perform laboratory tests such as checking urine for sugar and stool for blood. Record and report results.

8.1.6. Prepare patients for tests, examinations, treatments, and/or surgery. Collect specimens such as urine, sputum and stool. Label specimens for laboratory examinations and follow up by using CHCS or calling the laboratory for reports. Alert provider to conditions which deviate from expected findings.

8.1.7. Prepare, start, monitor and discontinue intravenous fluids with accuracy and in accordance with established procedures.

8.1.8. Observe, report and document all observed symptoms, reactions, treatments and changes in the patient condition to the registered nurse, physician extender or physician. Make careful observations to assess that nursing procedures and treatment do not cause additional distress.

8.1.9. Perform routine nursing care activities such as taking blood pressures, temperatures, baths and hygiene care, passing and removal of trays, changing of linen, and otherwise assist in the care of the physical needs of the patient.

8.1.10. Operate basic equipment required in delivery of patient care such as pumps, IV pumps, oxygen administration apparatus and incentive spirometers.

8.1.11. Ensure accurate medication is administered in correct form and dosage to the proper patient as directed by the physician.

8.1.12. Maintain records of nursing care, dose and time of medication administered, and indicate if the medication was not administered and the reason.

8.1.13. Administer immunizations in a safe and accurate manner with strict adherence to all applicable Immunization policies.

8.1.14. Recognize conditions which require isolation. Ensure universal precautions are used in all patient encounters.

8.1.15. Recognize emergency situations and assist with, or institute emergency measures for sudden adverse developments in patients such as cardiac arrests.

8.1.16. Ensure patient care is carried out in accordance with the Standards of Nursing Care and the policies and procedures of the clinic.

8.1.17. Support the patient and/or family members toward the achievement of treatment plan goals. Provide instructions to the patient on invasive procedures, surgical procedures and post surgical conditions that were previously provided to the patient by a nurse, physician extender or physician.

8.1.18. Instruct patients on how equipment is used such as oxygen, suction, cardiac monitor and pulse oximeter. Instruct patients and family on use of prescribed medications, contraindications of medications, and the necessity of proper follow-up care.

8.1.19. Provide emotional support to patients and families.

8.1.20. Ensure necessary supplies are available and equipment is in functioning order.

8.1.21. Act as Patient Services Representative, as directed, helping to ensure good communication between patient and staff to “trouble shoot” problem areas.

8.1.22. Provide an orderly, clean and safe environment for patients and staff.

8.1.23. Handle telephone information requests with courtesy, accuracy and respect for patient confidentiality. Receive information and distribute messages as necessary.

8.1.24. Ensure upkeep and perform checks of emergency equipment i.e., oxygen, emergency cart, suction apparatus, etc. and maintain appropriate logs. Inform supervisor of discrepancies.

8.1.25. Check medication and drug stock to ensure adequate supply and reorder if necessary.

8.1.26. Check IVs to ensure they are on schedule, running at correct rate of speed and regulate if necessary.

8.1.27. Administer treatments, irrigations, enemas, catheters and suction; change dressings, apply compresses, and ambulate patients to other areas as required.

8.1.28. Assist with charting of nursing observations, treatments and procedures and transcribe orders when requested. Record food and fluid intake and output.

8.1.29. Assist patients in admission, transfer, and discharge procedures.

8.1.30. Assist in emergency procedures such as CPR.

8.1.31. Complete NMCP medication administration test, and successfully complete NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the health care worker can evidence successful completion of a similar and comparable pharmacology test.

8.1.32. Complete NMCP provided in-services in IV placement, blood and blood administration prior to assignment to these tasks.

9. MINIMUM PERSONNEL QUALIFICATIONS. Licensed Practical Nurses performing services under this Task Order shall:

9.1. Be a graduate of an accredited Licensed Practical Nurse or Licensed Vocational Nurse Program.

9.2. Possess a current, unrestricted license to practice as an LVN/LPN in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. Additionally, if you are licensed outside of the 50 States you must provide proof of having successfully passed the Licensed Practical Nurse National Council Licensure Exam (LPNCLEX).

9.3. Have at least 12 months clinical experience as an LPN/LVN in either an acute care (hospital based) or ambulatory care setting within the preceding 36 months.

9.4. Successfully complete the NMCP medication administration test, and successfully complete the NMCP Medication PSI (Personal Study Instruction). The Medical Administration test may be waived if the Government deems that the health care worker can evidence successful completion of a similar and comparable pharmacology test.

9.5. Successfully complete the NMCP IV placement test.

9.6. Provide three letters of recommendation. At least one of the letters must be from a practicing physician or nursing supervisor attesting to your clinical skills. The other letters may be from other physicians, medical supervisors or nurses. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 3 years.

Attachment 021**REGISTERED NURSE CASE MANAGER**

1. **LABOR CATEGORY.** The contractor shall provide services of a Registered Nurse - Case Manager Program Manager.

INTRODUCTION SCOPE AND EFFECT:

The Case Management Program (CMP) team consists of a certified nurse case manager and a certified social worker case manager. The team is responsible for coordinating a multi-disciplinary, collaborative approach to managing the health care needs of selected medically high risk and/or socially fragile patients in the hospital, home, ambulatory care setting or extended care facility. Interfacing with the multi-disciplinary health care team, the Case Management (CM) team coordinates preventive, therapeutic, rehabilitative and psychosocial interventions to ensure continuity of patient care and enhance optimal wellness. Case management requires participation in the evaluation of patient outcomes assuring that the most cost effective use of resources are provided within the acceptable timeframe while focusing on patient/family and provider satisfaction and quality of care.

2. **PLACE OF PERFORMANCE.** The nurse case manager shall provide service in the Healthcare Excellence Department located in the Naval Medical Center, Portsmouth, VA.

3. DUTY HOURS

3.1. The nurse case manager shall normally provide services for 80 hours per two-week period. Services shall be required for an 8.5 or 9 hour period (to include an uncompensated .5 hour or 1 hour for lunch, depending on shift length) as scheduled, usually between the hours of 0630 and 1630, Monday through Friday. At the mutual agreement of the nurse case manager and the government, alternative schedules may be implemented, such as a compressed work schedule. Generally, the nurse case manager shall not be required to provide services in excess of 80 hours per two-week period. Specific hours and days shall be scheduled one month in advance by the Healthcare Excellence Department. Any changes in the schedule shall be coordinated between the nurse case manager and the Government. The nurse case manager shall arrive for each scheduled shift in a well-rested condition.

3.2. Services shall not be required on the following federally established holidays: New Year's Day, Martin Luther King's Birthday, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. The contractor shall compensate the nurse case manager for these periods of authorized planned absence.

4. **ABSENCES AND LEAVE.** The health care worker shall accrue leave as an individual.

4.1. Planned absences from assigned duties shall be requested with 15 working days advance notice, in writing, to the Commander. Six hours of annual leave are accrued by the health care worker at the end of every 80-hour period worked. However, annual leave accrual rates will be doubled for the first two pay periods of each task order (12 hours will be accrued for each of the first two 80 hour periods worked. No annual leave will accrue for the final two pay periods of a task order. Leave accrues only to the individual providing services. The health care worker shall be compensated by the contractor for these periods of authorized planned absence.

4.2. Unplanned absences due to illness or other incapacitation of the health care worker will be allowed up to a maximum of 6.5 days per contract year. Two hours of sick leave are accrued by the health care worker at the end of every 80-hour period worked. However, sick leave accrual rates will be doubled for the first two pay periods of each task order (4 hours will be accrued for each of the first two 80 hours period worked). No sick leave will accrue for the final two pay periods of a task order. Leave accrues only to the individual providing services. The health care worker shall follow the policy of the Commander regarding request and the use of sick leave. If the health care worker is absent for three or more consecutive days due to illness, he or she may be required by the Commander to provide written documentation from a qualified health care provider that he or she is free from communicable disease and the cause of the health care worker's current illness. The Government reserves the right to examine

and/or re-examine any health care worker who meets this criterion. The health care worker shall be compensated by the contractor for these periods of authorized absence.

4.3. Any and all sick and annual leave accrued by the health care worker will be forfeited at the expiration of his or her period of performance. If the contract is terminated for default, there will be no reimbursement for any accrued leave balance. In the event that the health care worker gives notice of employment termination, all accrued annual leave must be used within that notice period, or forfeited. Sick leave taken during this period shall be supported by a physician's statement of illness upon request.

5. CREDENTIALLING. See Section C.7. of the basic contract.

6. GENERAL DUTIES AND RESPONSIBILITIES: Case management services provided under this contract comply with the standards of practice of the Case Management Society of America (CMSA), the American Accreditation Healthcare Commission/Utilization Review Accreditation Commission (URAC), and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) standards and other provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- Licensure and/or regulation of healthcare personnel in treatment facilities, and
- The regulations and standards of professional practice of the treatment facility, and
- The bylaws of the treatment facility's professional staff.

6.1. CASE MANAGEMENT PROGRAM (CMP) IMPLEMENTATION AND OVERSIGHT RESPONSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:

- 6.1.1. Ensure that each phase of the CMP is grounded to establish CM standards of practice.
- 6.1.2. Serve as a consultant to all disciplines regarding CM and related issues.
- 6.1.3. Fully support military contingency requirements.
- 6.1.4. Develop a local catchment area assessment to determine CM staffing requirements and identify opportunities for CM.
- 6.1.5. Identify and integrate local CM processes.
- 6.1.6. Develop an interface with the Lead Agent and the Managed Care Support Contractor.
- 6.1.7. Develop local strategies using inpatient, outpatient, onsite and telephonic CM.
- 6.1.8. Develop and implement policies and protocols for home health assessments.
- 6.1.9. Develop outcome measures.
- 6.1.10. Assist with the CHCS CM interface or other database designed to support CM.
- 6.1.11. Prepare routine reports and conduct analyses.
- 6.1.12. Integrate CM and utilization management (UM).
- 6.1.13. Integrate nursing case management with social work case management.
- 6.1.14. Develop a database and knowledge of local community resources.

6.1.15. Assist with medically-complex cases.

6.1.16. Develop policy for and assist with region to region transfers.

6.1.17. Facilitate screening and assist with transfers of Exceptional Family Member Program (EFMP) families.

6.1.18. Participate in video teleconferences (VTCs) and other meetings as required.

6.1.19. Implement applicable CMSA, JCAHO & URAC Standards.

6.1.20. Oversee MTF CM resources and make recommendations to the Command as to how those resources can best be utilized.

6.1.21. Maintain patient records in an orderly, secure fashion.

7. ADMINISTRATIVE AND TRAINING REQUIREMENTS - The nurse case manager shall:

7.1. Assist in the design and implementation of activities to increase hospital staff involvement in and support of CM initiatives by providing orientation and ongoing education/in-service training specific to CM and the CMP;

7.2. Develop mechanisms to identify patients/clients for case management and provide patient referrals in accordance with MTF policies and protocols.

7.3. Develop and oversee a case management quality improvement program to review and identify opportunities to improve treatment provided, and recommend corrective action when problems exist.

7.4. Actively participate in the Command's Performance Improvement Plan.

7.5. Attend the following required annual training: family advocacy, disaster response, sexual harassment and other courses as directed.

7.6. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.

7.7. Successfully complete MTF medication administration test, and successfully complete the MTF Medication PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that the nurse case manager can provide evidence of successful completion of a similar and comparable pharmacology test.

7.8. Successfully complete the MTF provided inservices in IV placement and blood and blood administration, prior to assignment to these tasks.

8. CLINICAL RESPONSIBILITIES - Services shall be provided onsite using Government-provided facilities, equipment and supplies. The nurse case manager shall:

8.1. Assist in coordinating a multidisciplinary team to meet the health care needs, including medical and/or psychosocial management of specified patients.

8.2. Provide nursing expertise about the CM process, including assessment, planning, implementation, coordination and monitoring.

8.3. As directed, develop and implement tools to support case management, such as those used for patient identification, and patient assessment, clinical practice guidelines, algorithms, CM software, databases for community resources, etc.

8.4. Establish mechanisms to ensure proper implementation of patient treatment plan and follow-up post discharge in ambulatory and community health care settings.

8.5. Provide nursing advice and consultation in person and via telephone to patients/family members/significant others.

8.6. Collaborate with the multidisciplinary team members to set patient-specific goals. Develop treatment plans including preventive, therapeutic, rehabilitative, psychosocial, and clinical interventions to ensure continuity of care toward the goal of optimal wellness.

8.7. Develop mechanisms to evaluate the patient, family and provider satisfaction and use of resources and services in a quality-conscious, cost-effective manner.

8.8. Assist in establishing cost containment/cost avoidance strategies for case management and develop mechanisms to measure its cost effectiveness.

8.9. Assist in establishing and maintaining liaison with appropriate community agencies and organizations.

8.10. Facilitate multidisciplinary discharge planning and other professional staff meetings as indicated for complex patient cases.

8.11. Alert physicians to significant changes or abnormalities in patients and provide information concerning their relevant condition, medical history and specialized treatment plan or protocol.

8.12. Plan for professional growth and development as related to case manager position and maintenance of CM certification. Actively participate in professional organizations including participation in at least one annual national CM conference to be funded by the Government.

8.13. Ensure appropriate health care instruction to patient and/or caregivers based on identified learning needs.

8.14. Implement strategies to ensure smooth transition and continued health care treatment for patients when the military member transfers out of the area.

9. MINIMUM PERSONNEL QUALIFICATIONS. RNs performing services under this Task Order shall:

9.1. Have a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico, Guam or the U. S. Virgin Islands and maintenance of same. The health care worker is responsible for complying with all applicable licensing regulations. All state nursing licenses held by each health care worker must be submitted as part of the credentialing package. Additionally, health care workers licensed outside of the 50 States must provide proof of having successfully passed the CGFMS (Commissioner of Graduates of Foreign Nursing Schools Exams or National Council Licensure Exam (NCLEX). Foreign RN graduates must have three years experience working in the United States in addition to all other requirements.

9.2. Possess the necessary knowledge, skills and computer literacy to interpret and apply medical care criteria, such as InterQual.

9.3. Possess current certification of one or more of the following:

CCM - Certified Case Manager

CDMS - Certified Disability Management Specialist

CIRS - Certified Insurance Rehabilitation Specialist

CRC - Certified Rehabilitation Counselor (American Nurses Credentialing Center, Washington, DC) ANA Certification

RNCM - Nurse Case Manager (Association for Rehabilitation Nurses, Chicago, Illinois)

CRRN - Certified Registered Rehabilitation Nurse (Association of Geriatric Care Managers, Tucson, AZ)

GCM - Geriatric Care Manager (American Board of Occupational Health Nurses)
COHN - Certified Occupational Health Nurse (National Board of Continuity of Care, CT)
ACCC - Advanced Competency Certification in Continuity of Care

OR

Possess a minimum of 24 months of case management experience within the preceding 36 months. The HCW shall obtain any of the above certifications within 24 months of contract start.

OR

Possess a Masters degree in Nurse Case Management. The HCW shall obtain any of the above certifications

9.5. Provide two letters of recommendation from practicing providers, supervisors or program administrators attesting to your professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Letters of reference must have been written within the preceding two years.

Attachment 026

Naval Medical Logistics Command, Ft Detrick, MD
Contract Administration Plan
Naval Medical Center, Portsmouth, VA
Tidewater Nursing Services
Request for Proposals N62645-02-R-0016

I. Definitions.

- a. Administrative Contracting Officer (ACO). The Government official responsible for administering the contract to the extent that the Procuring Contracting Officer (PCO) has delegated contract administration. For the purposes of this contract, the PCO has retained contract administration responsibilities. Therefore, the terms PCO and ACO refer to different functions performed by the same individual.
- b. Alternate Contracting Officer's Representative (ACOR). A Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer in the absence of the Contracting Officer's Representative for a specific contract, for a specified period of time.
- c. Contracting Officer's Representative (COR). The Government official appointed in writing by the Procuring Contracting Officer who functions as the technical representative of the Procuring Contracting Officer.
- d. Bureau of Medicine and Surgery (BUMED). The Department of the Navy command responsible for all navy healthcare contracting initiatives.
- e. Naval Medical Logistics Command (NAVMEDLOGCOM). The Department of the Navy command responsible for implementation of the Bureau of Medicine and Surgery's healthcare contracting initiatives.
- f. Procuring Contracting Officer (PCO). The Government official within NAVMEDLOGCOM authorized by warrant to enter into the contract for the Government.
- g. Requiring Activity. The referral Navy Medical Treatment Facility (MTF) under the cognizance of the Bureau of Medicine and Surgery.
- h. Technical Assistant (TA). The requiring activity representative who may be assigned to provide technical or administrative assistance to the COR. TAs may be assigned to assist and support the COR but shall not be given the authority to provide any technical direction or clarification directly to the contractor.

II. Responsibilities.

a. The Navy's Bureau of Medicine and Surgery (BUMED) as Program Manager shall:

- 1. Establish medical contract policy guidance.
- 2. Provide overall direction for the planning, development, and operation of all Navy MTFs.
- 3. Monitor the progress and achievement of medical contracts within the overall health care delivery system.
- 4. Serve as subject matter expert for all technical aspects of medical contracting efforts.

b. The Procuring Contracting Officer (PCO), Acquisition Management Directorate (Code 02), Naval Medical Logistics Command shall:

1. Perform all required pre-award actions including providing information or answering questions that arise during the solicitation period and as a result of Freedom of Information Act (FOIA) inquiries.
 2. Review the CAP Documentation Form and complete Part II. The PCO shall furnish sample COR and TA nomination letters to the Requiring Activity in accordance with NAVSUPINST 4205.3D.
 3. Verify that the individual(s) nominated to act as COR have had the required training and has the experience necessary. If the PCO determines that a nominee does not meet the requisite experience and training requirements, the PCO shall request that the activity nominate another individual.
 4. Review the CAP prior to incorporation into the solicitation. This review shall ensure that all contract administration functions are assigned, suit the specific circumstances of the contract and give due consideration to the type of contract, the place of performance, period of performance, and inspection and acceptance criteria stated in the solicitation/contract.
 5. Include the COR duties contained in this master CAP in the resultant solicitation/contract. Additional duties shall be separately delineated within the contract document, as appropriate.
 6. Designate the paying office in the contract document.
 7. Appoint the COR and ACOR.
 8. Perform all contracting officer contract administration. Regular meetings between the PCO, the COR and/or the requiring activity's Commanding Officer or representative will be held to discuss the status of and the performance under individual contracts. The frequency of meetings will depend upon the size and complexity of the contract.
- NOTE: It is emphasized that only the Contracting Officer has the authority to modify the terms of the contract. Therefore, in no event will any understanding, agreement, modification, change order, or other matter deviating from the terms of the basic contract between the contractor and any other person be effective or binding on the Government. When/if, in the opinion of the contractor, such direction affecting the terms of the basic contract is being given by the COR, the contractor shall promptly notify the PCO.
9. Evaluate reports of contractor non-compliance and take appropriate action within 30 days of receipt. Copies of any correspondence regarding the results of such analyses shall be provided to the requiring activity and the COR simultaneously with the action taken.
 10. Arrange post-award conference, if required. Invite necessary attendees. Ensure that the COR duties are thoroughly discussed and understood. Direct the attention of all personnel involved in the DoD Standards of Conduct policy.
 11. Maintain cognizance of the performance of CORs under the contract. Prompt action shall be taken when COR (or alternate) is not performing properly.
 12. Maintain official contract file including modifications (and all back-up documentation).
 13. Maintain the accuracy of this master CAP throughout the life of these contracts.
 14. Maintain a list of all CORs under their cognizance and periodically review the files and performance of these CORs in accordance with NAVSUPINST 4205.3D.
 15. Review the existing semi-annual contractor performance reports prior to exercising any option under the contract and enter data into the Contractor Performance Assessment Reporting System (CPARS).

16. Maintain a log of total hours ordered under the contracts per CLIN/SLIN as to guarantee the maximum order quantities will not be exceeded. Notify NAVMEDLOGCOM Code 07 and Requiring Activity when 75% of the maximum order quantity of any CLIN/SLIN has been reached.

c. The Healthcare Program Analyst, Healthcare Services Support Directorate (Code 07), Naval Medical Logistics Command shall:

1. Submit a completed and signed CAP Documentation Form with answers to questions that pertain to this acquisition.

2. As appropriate, submit the Contract Data Requirements List (DD Form 1423 or CDRL) which provides a description of reports to be required of the contractor.

3. Act as medical contracts technical manager. Ensure consistency among medical contracts by providing coordination and technical liaison between requiring activities, BUMED, CORs, and the PCO.

4. Coordinate development of medical procurement technical requirements including a performance oriented statement of work (Section C), draft input to Sections L and M, a draft Source Selection Plan, potential sources for the procurement, quality assurance plan, surveillance plan and other related documents for contracting.

5. Monitor and manage reports of contractor non-compliance, evaluate reports submitted by the individual CORs and, recommend PCO disposition on all noted discrepancies.

6. Perform trend analysis on reports and provide written feedback to the PCO and CORs.

7. Provide technical assistance to CORs and customers.

8. Conduct periodic COR meetings and inspections to discuss status and performance under the contract emphasizing problem identification, problem solving and contract familiarity. These items will be coordinated with the PCO.

9. Ensure CORs, MTFs, and BUMED are appropriately informed of medical issues.

10. Provide periodic statistical financial reports concerning program operations to BUMED.

11. Periodically appraise customers of hours remaining within Schedule B and any anticipated impact that new task orders will have on expansion.

d. The Commanding Officer of the requiring activity shall:

1. Budget and provide funding for the contracts.

2. Nominate an individual by name, title, code and phone number to the PCO to be appointed as COR. This individual shall also be the quality assurance monitor and lead technical advisor to the ACO and shall be responsible for all technical interface needed during the performance of the contract. An ACOR can be nominated to act in the absence of the COR or to assist when needed to provide additional expertise.

NOTE: COR duties cannot be delegated. Multiple primary CORs (not to be confused with the ACOR) under a single task order are not permitted. The COR shall be accountable for the actions of alternates.

NOTE: Nomination of new CORs as a result of reassignment, termination of employment, etc., shall be made in accordance with the procedures outlined herein.

3. Ensure all individuals nominated as COR or ACOR have the necessary qualifications to satisfactorily perform the required duties, hold a position of responsibility commensurate with the complexity of the

contract and have graduated from a Naval Supply System Command (NAVSUP) approved COR training course prior to appointment.

4. Upon receipt of the contract from the PCO, forward copies of documents to all staff having administrative functions for the medical contract.

5. Support and supervise the COR in the performance of their duties. If the Commanding Officer determines that assigned duties are not being performed in a satisfactory manner, immediate corrective action shall be taken (including the recommendation to replace the COR if required). The PCO shall be promptly notified of all actions taken. The requiring activity should consider COR performance in rating all individuals assigned COR functions.

6. Notify the PCO in writing of any organizational or personnel changes affecting the CAP.

7. Ensure that appropriate timely action is taken on all contract related correspondence received from either the PCO or COR. This includes the timely submission (to the PCO) of any requests for changes to the statement of work, deviations or waivers. An independent government cost estimate of the impact on contract price and the availability of additional funding must accompany all requests for changes to the statement of work, if additional costs are anticipated. The Contractor's price quote and the rationale for requesting the change shall accompany changes proposed by the contractor. The price quote serves as a budgetary estimate of the cost impact. The requiring activity shall also provide input as to technical acceptability of the proposed change.

8. The requiring activity Commanding Officer may appoint a TA to assist the COR in executing routine contract administration, monitoring and, surveillance duties. The appointment of all TAs must be in writing and must include the TA's responsibilities and limitations. A copy of this appointment letter shall be provided to the PCO. Before appointment, the requiring activity shall assure that all TAs have the appropriate training and experience.

e. The Contracting Officer's Representative (COR) shall:

1. Attend pre-proposal and post-award conferences and periodic meetings with the PCO.

2. Attend periodic meetings among the PCO, requiring activity and contractor(s) to discuss the status of and performance under the contracts.

3. Avoid issuing any instructions that would constitute a contractual change. The COR and contractor shall not enter into any understanding, agreement, modification, or change order deviating from the terms of the basic contract which shall be effective or binding on the Government. If in the opinion of the contractor an effort outside the scope of the contract is requested, the contractor shall promptly notify the PCO in writing. The contractor may take no action unless the PCO or ACO has issued a contractual change. The COR will include, on all correspondence to the contractor, a declination of authority in accordance with SECNAVINST 4200.23.

4. Perform as technical interface between the government and the Contractor(s) for the contracts by providing technical advice or clarification of the statement of work; milestones to be met within the general terms of the contract or specific subtasks of the contract. The COR is the point of contact through whom the contractor can relay questions and problems of a technical nature to the contracting officer. The contractor may also choose to contact the contracting officer directly on these issues.

5. Coordinate/facilitate credentials submission between the MTF and the contractor.

6. Monitor contractor performance and progress under the contract. If this observation discloses that potentially inefficient or wasteful methods are being used, the COR shall take reasonable and timely action to alert the contractors and the PCO. Furthermore, the COR shall promptly advise the PCO of any observed continuous and/or substantial deficiencies in the contractor's performance or other instances of noncompliance with contract

terms or conditions. Enclosure (1) is the surveillance plan to be used by the COR to monitor contractor performance. Deviation from this surveillance plan is only permitted with the prospective approval of the PCO.

7. Promptly issue Contract Discrepancy Reports (CDRs) Enclosure (2), to the contractor to document discrepant performance. The COR shall always obtain the contractor's response/rebuttal to the CDR, evaluate the acceptability of the response and promptly forward the CDR, contractor response/rebuttal, and the evaluation to the PCO and NAVMEDLOGCOM, Code 07.

8. Monitor and verify shifts and/or hours of service provided. Keep accurate records of contractor performance and compare these records with the DD250 submitted by the contractor. The COR shall always use this information as a tool in evaluating contractor invoices.

9. Inspect and/or accept the services as the official government representative. Certify contractor's invoices when they are considered accurate.

10. Use MIL-STD 105 for random sampling surveillance unless otherwise stated in the contract.

11. Be fully knowledgeable of the invoicing requirements of the contract. The COR shall process all DD250s in a timely manner to ensure that prompt payment due dates are met.

12. Immediately alert the PCO and the ACO of any unusual performance problems. If a corrective action plan is approved by the contracting officer, the COR shall monitor the corrective action plan. If situations arise that create a question, the COR shall always obtain advice from the PCO and/or ACO, as prudent, prior to taking any action.

13. Continuously monitor the quantity of services provided under each contract line item number (CLIN) and/or task order. Advise the PCO if it appears that service quantities may be expended before the end of the performance period, or quantities of unused hours for services have been ordered but will not be received by the end of the performance period.

14. Perform administrative duties including maintaining files in support of all actions performed in their capacity as COR. The COR shall respond to all contract related correspondence in a timely manner. Contract files shall include a conforming copy of the contract, all modifications, all contractor invoices, all DD250s, all surveillance reports, each CDR (including the contractor's response/rebuttal), any contract-related correspondence, a contract log or COR diary, all PHONCON and email records, meeting minutes, reports from government subject matter experts, and independent government cost estimates which have been prepared.

15. Take the necessary steps to ensure that government property furnished to the contractor is furnished in a timely manner and in proper condition for use. The COR shall maintain both inventory and disposition records for all Government furnished property. This inventory/disposition file is coordinated with the ACO. The COR shall ensure that the contractor returns all Government furnished property or that Government furnished material has been reasonably consumed in the performance of work.

16. Read and comply with all applicable instructions and procedures on standards of conduct and conflict of interest including yearly filings of financial interest.

17. Ensure that the contractor receives copies of all regulations and/or directives considered appropriate to the services being provided.

18. Submit a Report on Contractor Performance detailing the contractor's performance to the PCO. This report shall be made annually, as of 30 April of each fiscal year. A final report shall be sent the PCO within 60 days after completion of the contract. The final report shall contain a conclusive statement describing the overall performance of the contractor and an evaluation report on the accountability of government property furnished to the contractor during the performance of the contract. Enclosure (3) contains the format for this report.

19. Perform other duties, peculiar to the contract, as may be incorporated into the contract document or required by the contracting officer.

f. Technical Assistant (TA). All requirements for TA duties are reported directly to the COR. At the direction of the COR, duties that may be assigned to the TA include:

1. Perform surveillance and identify contractor deficiencies.
2. Review contract deliverables, recommend acceptance/rejection, and provide the COR with documentation to support all recommendations.
3. Assist in preparing the final report on contractor performance in accordance with the format and procedures prescribed by the Contracting Officer to the COR.
4. Identify contractor noncompliance with reporting requirements.
5. Evaluate the contractor's proposals and identify potential problem areas.
6. Provide timely input regarding technical clarifications for the statement of work, technical direction that may need to be provided to the contractor, and recommended corrective actions.
7. Provide detailed written reports of any trip, meeting, correspondence, email or conversation subsequent to any interface between the TA and the contractor.

Enclosures:

Surveillance Plan
Contract Discrepancy Report
Report on Contractor's Performance

**Surveillance Plan for Tidewater Nursing Services
Naval Medical Center, Portsmouth, VA
Request for Proposals N62645-02-R-0016
Enclosure (1)**

1. INTRODUCTION

- a. Purpose. This surveillance plan has been developed to aid the Contracting Officer's Representative (COR) in providing effective and systematic surveillance of all aspects of this contract.
- b. Objective. To ensure that the contractor is complying with the specifications of the Medical Services contract by providing quality healthcare services to eligible beneficiaries.
- c. Scope. This plan applies to the Medical contract services. This is a personal services contract.

2. RESPONSIBILITIES

- a. The Procuring Contracting Officer (PCO) at the Naval Medical Logistics Command (NAVMEDLOGCOM), Ft. Detrick, MD, Acquisition Management Directorate (Code 02) is responsible for negotiating all modifications to contract terms, conditions or amounts.
- b. The Healthcare Program Analyst at the NAVMEDLOGCOM, Ft. Detrick, MD, Healthcare Services Support Directorate (Code 07) serves as the technical agent for coordinating issues among the PCO, the requiring activity and the COR. The Healthcare Program Analyst reviews the results of the COR's contract surveillance and provides feedback to the COR and recommendations to the PCO. The Healthcare Program Analyst provides technical support to the COR and the PCO in preparing modifications. The Healthcare Program Analyst also tabulates statistical data on contractor invoices.
- c. The MTF, Naval Medical Center (NMC), Portsmouth, VA (the requiring activity) is responsible for reviewing and approving all correspondence submitted by the COR to NAVMEDLOGCOM.
- d. The COR is responsible for assuring contractor performance through audit, documentation and liaison with the PCO. The COR shall ensure that copies of all contractor correspondence and requiring activity or COR responses are provided to the PCO. The COR must observe the following cautions and limitations:
 - (1) Do not request or direct the contractor to do anything that is not expressly stated in the contract.
 - (2) Do not attempt to control contractor efforts except as specifically authorized in the contract.
 - (3) Do not make suggestions or comments that the contractor could construe as authority to proceed on work not specified in the contract.
 - (4) Do not request changes that add work or objectives not within the scope of the contract. Seek the advice of the KO.
 - (5) Do not accidentally generate a basis for a contractor claim. Communicate with the contractor in a timely manner.
 - (6) Exercise diligence in monitoring and documenting the contractor's performance. When in doubt about any aspect of the contract specifications or the contractor's performance, seek the advice of the KO or the NAVMEDLOGCOM analyst.

(7) Bring to the attention of the KO any extraordinary action on the part of the contractor, i.e., any performance outside the scope of the contract.

3. INSPECTION METHODS.

a. General. There are several methods that serve as means for inspecting contractor performance. Some methods are more appropriate than others and the COR may utilize any or all of these inspection methods. Inspection, along with documentation, is vital to ensure and maintain contractor compliance with contract requirements.

b. 100% Inspection. This method of surveillance is time consuming, expensive and unrealistic for services performed frequently. However, it is appropriate in critical areas where health and safety are involved.

c. Periodic Surveillance Checklists. Checklists are used for services performed on an infrequent but predictable schedule (e.g., monthly, quarterly, annually, etc.) Any scheduled service that is provided on less than a daily basis can be considered for inclusion on a checklist.

d. Random Sampling. Sampling combines an unbiased, comprehensive evaluation of the contractor's performance with an efficient utilization of limited inspection time. The basis for doing random sampling is MIL-STD-105D, "Sampling Procedures and Tables for Inspection by Attributes", widely understood and used by both the Government and contractors. It is based on the concept of an attribute, a feature of a service that either does, or does not match a standard.

e. Customer Complaints. Validated customer complaints are a means of documenting certain kinds of service problems. The COR will coordinate efforts to acquire, validate and, document these complaints. Customer complaints are seldom used to reject a service, but can be used as further evidence of unsatisfactory performance if random sampling shows the specific service is unsatisfactory. To be an effective tool, customer complaints must be documented. When the random sample continues to show satisfactory performance, ongoing customer complaints can indicate to the COR the need to increase the sample size or perform a 100% surveillance. Complaints can be used as further evidence of unsatisfactory performance when random sampling shows that the specific service is unsatisfactory.

4. TIME FRAMES FOR MONITORING PERFORMANCE REQUIREMENTS.

a. There are several different time frames for monitoring performance requirements of the contract. Depending upon the specific performance requirement, the COR will monitor activities on a one-time basis, a per occurrence basis, or an ongoing basis.

b. One-time Activities. This type of performance requirement is generally monitored for initial or start-up activities, such as submission and verification of the credentials files.

c. Per Occurrence Activities. This type of activity is one that is monitored at each occurrence. It is often an occurrence that is serious in nature and could place undue risk on patient care. It usually will require the COR to investigate the matter. Examples of these would include patient complaints, medication errors, or any incidents that resulted in disciplinary action that the requiring activity felt necessary to investigate.

d. Ongoing Activities. This type of performance requirement is one that must be continuously monitored throughout the contract, as the requirement itself is ongoing. Such examples of these types of activities would be the requirement for shift coverage, schedule submissions, meeting attendance, maintenance of personnel qualifications, and documentation of annual training.

5. DOCUMENTATION.

a. General. The need for adequate documentation of each interface between the COR and the contractor cannot be overemphasized. CORs should understand the procedures which are described in FAR Part

33.2. CORs should remember that the documentation prepared by the COR will be the primary evidence used by the Government in any claims actions and that in such allegations, the Government bears the burden of proof. This documentation must be thorough, accurate and complete.

b. It is important to maintain a record of all other interactions between the COR and the contractor which reflects normal clinic operations or services required by the contract. Examples may include schedule submissions, feedback on contractor credentialing actions, substitution procedures for health care workers, etc. Examples such as these may or may not be part of the monthly surveillance, but the COR's ability to reconstruct events or the flow of information will be important if disagreements arise as to the quality or timeliness of contract services.

c. Documentation may comprise Contract Discrepancy Reports (CDRs), minutes of meetings, annotations on surveillance checklists, letters, email, memoranda, etc. Results of inspections that identify unsatisfactory contractor performance must be furnished to the contractor for review, comment, and corrective action as appropriate. (See Enclosure 2)

d. All inspection documentation related to contract performance is an integral part of the contract file and must be stored and maintained accordingly. The COR should maintain a reading file of all correspondence and pertinent documentation.

6. PROCEDURES.

a. At the end of each bi-weekly period of contract performance, the contractor will present the COR with an invoice (Material Inspection and Receiving Report, DD Form 250) and a completed Certificate of Performance. The COR will inspect the invoice and certificate to ensure that they accurately reflect the numbers of shifts that the contractor worked, but will not accept (sign) the invoice or certificate if there are any inaccuracies.

b. If the COR disagrees with the shift quantity (numbers of shifts worked for that billing period), the COR shall attempt to promptly resolve the discrepancy with the contractor key person. The COR shall return the invoice with a memorandum to the contractor, rejecting the invoice as "improper". This memorandum shall state the amount of the invoice which the COR considers to be correct. A copy of the invoice and the memorandum shall be retained by the COR. The COR shall encourage the contractor to re-invoice for the correct quantity so that it can be certified correctly. Significant or recurring quantity discrepancies, or failure of the contractor to submit a revised invoice for a billing period shall be brought to the attention of the PCO.

7. CONTRACT DISCREPANCY REPORTS (CDRs)

a. In all instances where the contractor's performance takes exception to the contract and/or is unacceptable, the COR will issue a CDR to the contractor for review and comment.

b. The COR shall ensure that all inspection data is attached. The contractor cannot be expected to respond to performance deficiencies that are not clearly and specifically identified. A cover memorandum on the CDR should specify that the contractor has three working days to respond in writing to the COR.

c. Upon receipt of the CDR package from the contractor, the COR shall review the contractor comments and give careful, objective consideration to the facts and mitigating circumstances documented in the response. The COR shall then make a final recommendation on the acceptability of contractor performance and note it on the CDR. The COR shall state why the contractor's response does or does not have merit. The COR shall attach as much additional documentation as required to support their findings and recommendations.

d. The COR shall forward copies of each completed CDR and, the final recommendation to the contractor, the PCO and NAVMEDLOGCOM (Code 07).

e. NAVMEDLOGCOM (Code 07) will review CDRs and will advise the COR of the need for any further documentation. NAVMEDLOGCOM (Code 07) will then forward the documentation to the PCO with recommendations for action.

8. PERFORMANCE REQUIREMENTS FOR SURVEILLANCE.

The following are performance requirements, the applicable contract references and suggested methods of inspection and frequency of inspection. They are as follows:

<u>Performance Requirement</u>	<u>Contract Reference</u>	<u>Suggested Frequency</u>	<u>Method of Inspection</u>
Provide medical Services	Section C	Daily	100% Inspection
Staff Referrals	Section	Daily	100% Inspection
HCW appearance/ Security Requirements	Section C.1.4.	Daily	100% Inspection
Tracking Absences	Section C.3.	Upon Occurrence	100% Inspection
Contractor/ Government Face-to-face Meetings	Section C.6.	30-90 days	100% Inspection
Timely Invoice Submission	Section G.2.	Bi-weekly	100% Inspection
Personnel Substitutions	Section H.5. & H.6.	Upon Occurrence	100% Inspection
Personal Health Examinations	Section H.6.2	Upon Occurrence	100% Inspection
Health Care Worker In-processing	Section H.6. & H.7.	Upon Occurrence	100% Inspection
Maintenance of Qualifications	Section H.6.	Upon Occurrence	100% Inspection
Crime Control Act	Section H.7.	Upon Occurrence	100% Inspection
Liability Insurance	Section H.8.	Upon	100% Inspection

Occurrence

Drug Free
Workplace

Section I

Monthly

100% Inspection

Contractor Discrepancy Report for Tidewater Nursing Services
Naval Medical Center, Portsmouth, VA
Request for Proposals N62645-02-R-0016
Enclosure (2)

CONTRACT DISCREPANCY REPORT		
Contract Number:	Contract Clause:	Date:
COR Findings:		
COR (sign and date):		
Contractor Response:		
Contractor Project Manager (sign and date):		

COR Determination/Recommendation:

COR (sign and date):

**Contractor Discrepancy Report for Tidewater Nursing Services
Naval Medical Center, Portsmouth, VA
Request for Proposals N62645-02-R-0016
Enclosure (3)**

REPORT ON CONTRACT PERFORMANCE

COMPANY OR INDIVIDUAL'S NAME: _____
(IF CONTRACT IS WITH INDIVIDUAL STATE THEIR NAME)
(IF CONTRACT IS WITH A COMPANY STATE THE COMPANIES NAME)

CONTRACT NUMBER: _____

TYPE OF SERVICE: _____

REPORTING PERIOD: _____

COR/TECHNICAL LIAISON: _____

TELEPHONE NO: _____

SUPERVISOR OF HCW: _____

TELEPHONE NO: _____

REPORT PREPARED BY: _____

TELEPHONE NO: _____

Definitions:

Contractor means the entity (business or individual) that has the legal duty to perform the contract.

HCW means the "Health Care Worker" who is providing the service.

Note: In contracts with individuals, the Contractor is also the HCW.

Quality of Service

	YES	NO	N/A
1. Was any HCW the subject of a validated patient complaint? If yes explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was any HCW the subject of an occurrence report? If yes explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the HCW(s) interact and take direction in accordance with the contract, clinical standards, and protocol? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was HCW productivity and quality comparable to that of other HCWs assigned the same scope of services? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were all services provided as dictated by the terms of the contract? If no, explain _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Were there any other documented problems with the quality of the services provided by an HCW? If so explain _____

☐ ☐ ☐

7. Have any HCWs been cited for commendable performance? If so explain _____

☐ ☐ ☐

8. Have any contract HCWs performed in an exemplary manner? If so explain _____

☐ ☐ ☐

Additional comments on Quality of Service provided:

The Schedule

YES NO N/A

1. Did the Contractor submit complete credentials file/professional file information on time?

☐ ☐ ☐

2. Did the health care workers begin performance on the date and time scheduled?

☐ ☐ ☐

3. (Contracts with agencies only)

☐ ☐ ☐

Did any HCW miss a shift without approved leave or absence? If so how many?

Number of shifts missed _____ Number of shifts scheduled _____

4. Did the Contractor submit invoices on time and in accordance with the contract? _____

☐ ☐ ☐

5. Contracts with agencies only:

☐ ☐ ☐

Did any HCW request more than 13 days of unplanned absences during the contract year? _____

6. Did any HCW request leave without pay (LWOP) during the performance period? If so, what were the circumstances? _____

☐ ☐ ☐

7. Was leave requested and used in accordance with the contract? If no, explain _____

☐ ☐ ☐

8. Was any HCW habitually late to work? If so, how many times? _____

☐ ☐ ☐

Additional comments on the Schedule of services:

Management of Key Personnel

(Contracts with companies only)

YES NO N/A

1. Did the Health Care Workers meet the minimum qualifications in the contract?

☐ ☐ ☐

2. Did any of the HCWs exceed the minimum qualifications stated in the contract in a way that was beneficial to the Navy?

☐ ☐ ☐

If yes, explain _____

3. Did the Contractor experience turnover of HCWs during the period? If so, what is the ratio of HCW turnover to total HCWs on the contract? (ie: 20/2 = 20 HCWs on the contract to 2 HCW turnover during the reporting period) _____

☐ ☐ ☐

4. If yes to 3 above state the average amount of time taken for substitution of personnel from the date that one HCW left contract?

☐ ☐ ☐

Number of days: _____

5. Did the Contractor submit complete technical packages for substitutions? _____

☐ ☐ ☐

6. Were all HCW maintenance requirements (licensure, BLS, etc.) kept current during the reporting period? If no, explain _____

☐ ☐ ☐

7. Did any HCW experience problems obtaining pay or benefits from the Contractor during the reporting period? If no, explain _____

☐ ☐ ☐

Additional comments on the Management of Key Personnel:

[illegible]